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Salop Education Committee

SCHOOL HEALTH SERVICE

REPORT

OF THE

SCHOOL MEDICAL OFFICER

1949

WILLIAM TAYLOR, M.D., D.P.H.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

August 1951.

Heads.
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To the Chairman and Members of the Education Committee

SIR, LADIES AND GENTLEMEN,

I have the honour to present my Report on the School Health Service for the year 1949.

During the latter half of 1948, the arrangements for the treatment of school children, made by the Education Committee before the National Health Service Act came into operation on 5th July of that year, continued largely to apply; and the work of the year under review was mainly that of co-ordinating and integrating the School Health Service with the Hospital and Specialist Services provided under arrangements made by the Birmingham Regional Hospital Board. A very disquieting feature was the increasing difficulty experienced in obtaining operative treatment for children suffering from tonsil and adenoid conditions, and it is perhaps small comfort to say that a similar state of affairs prevailed throughout the country. Whatever the factors involved, and there were several, the ultimate problem with which Hospital Management Committees had to deal was not only that of finding hospital accommodation, but also of ensuring that operative treatment would be carried out under proper conditions by fully experienced Specialist Staff.

It is worthy of note that the year under review is the first complete year during which the National Health Service Act of 1946 was in operation, and although the purpose of the Act is to provide a complete medical service free of charge for all persons of all ages, including school children, Local Education Authorities are not precluded from making such arrangements, other than domiciliary, as in the interests of school children they consider desirable. The guidance given by the Ministry of Education on that point was to the effect that, as far as possible, full advantage should be taken of the facilities available under the National Health Service Act, but that, with regard to dental treatment, as school children come within the definition of "priority classes," Local Education Authorities should exercise their powers under the Education Act of 1944 and should themselves continue to provide a complete School Dental Service. Unfortunately, it has so far not been possible to do so, and since 1948 we have, on the contrary, witnessed, through loss of Dental Officers, the steady disintegration of the School Dental Service which had been built up over a long period of years, although there are now some slight indications that the position may improve.

I am, Sir, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

School Medical Officer.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

August 1951.

MEDICAL, DENTAL AND ANCILLARY STAFF

School Medical Officer :

WILLIAM TAYLOR, M.D., D.P.H.

Deputy School Medical Officer :

WILLIAM HALL, M.B., M.R.C.S., D.Obs.R.C.O.G., D.P.H.

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.M.S.S.A.

MABEL N. JUDD, M.B., Ch.B.

CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

ALEXANDER W. M. BATTERSBY, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H.

KATHLEEN M. BALL, M.B., B.Ch., B.A.O.Dub., D.P.H.

GWENDOLINE M. EDWARDS, M.B., B.S., D.P.H. (Resigned 31st January, 1949).

ELIZABETH WHALLEY, M.B., Ch.B., D.P.H.

ROBERT K. HAY, M.D., B.A.O., D.P.H. (Appointed 12th January, 1949).

RICHARD M. C. TYNER, B.A., M.B., Ch.B., B.A.O., D.P.H. (Appointed 17th January, 1949).

Senior Dental Officer :

GERALD R. CATCHPOLE, L.D.S., R.C.S.Eng.

Assistant Dental Officers :

STEPHEN KEENAN, L.D.S.

FRANK H. BIRCH, H.D.D., L.D.S.

REGINALD H. EVANS, L.D.S. (Resigned 30th June, 1949).

BERNARD SCHARF.

ARTHUR N. LEICESTER, B.D.S.

GEORGE B. WESTWATER, L.D.S., R.C.S.

MARGUERITE D. MASON, B.A., B.D.S. (Appointed 14th November, 1949).

Psychiatrist (Part-time) :

CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.H.

Educational Psychologists :

JOHN L. GREEN, B.A.

RONALD C. DOVE, B.A.

Psychiatric Social Worker :

ANNETTE LEES.

Speech Therapist :

AALISH MARY GAWNE, L.C.S.T.

REPORT FOR THE YEAR 1949

GENERAL

The area covered by the Salop Education Authority comprises 861,800 acres ; and the estimated population of the County, which was 272,350 in 1948, had risen to 272,400 in 1949, with a total of 38,586 pupils on the school register.

At the end of 1949 there were in the County of Salop, including the Borough of Shrewsbury, 270 Primary Schools containing 298 departments ; 15 Secondary Modern Schools (one of which is a Boarding School) containing 15 departments ; 17 Secondary Grammar Schools ; 3 Technical Colleges ; 6 Nursery Schools ; and 2 Special Residential Schools (one for Educationally Sub-normal and the other for Maladjusted Pupils).

The staff of the School Health Service during 1949 was as follows :

					1st January	31st December
School Medical Officer	..	..	..	..	1	1
Deputy School Medical Officer	..	..	..	..	1	1
Assistant Medical Officers	..	..	..	..	7	8
Senior Dental Officer	..	..	..	..	1	1
Dental Officers	..	..	..	..	6	6
Dental Attendants	..	..	..	..	7	6
Whole-time School Nurses	..	..	..	..	2	3
Health Visitors undertaking School Nursing	..			..	20	20
District Nurses undertaking School Nursing	..			..	49	37

During the greater part of 1949 there was an average of eight Assistant Medical Officers in the employment of the County Council, five-eighths of whose time was available for School Health work and three-eighths for other duties.

The number of children examined at routine medical inspections during 1949 was 13,264, compared with 15,989 during 1948 ; all schools, with one exception, were inspected at least once during the year, and more time was given to the examination and ascertainment of handi-capped pupils.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Under Section 48 of the Education Act, 1944, it is the duty of the Local Education Authority to provide for the medical inspection of all pupils in attendance at schools maintained by them, including pupils in attendance at County Colleges; and this Section also makes it obligatory upon the parent to submit a child for inspection when required to do so by an authorised officer of the Local Education Authority.

The duty of following up pupils found to need supervision or treatment, of encouraging pupils to secure such treatment as they require, and of securing the cleanliness of pupils is carried out by the School Nurses.

The obligation of the Local Education Authority to provide facilities for free medical treatment is now almost entirely discharged by utilising the facilities provided under the National Health Service Act, 1946. Children found to be in need of treatment, or of specialist advice, because of defects ascertained during the course of Routine Medical Inspection or attendance at a School Clinic are referred, according to the nature of the defect, to the hospitals, particulars of which are given on pages 12 and 13 of this report, all of which come under the Birmingham Regional Hospital Board.

The Ministry of Education have asked for particulars of the School Clinics provided by the Local Education Authority, and these have been included in this report on pages 13 and 14.

Treatment of Eye Conditions.—In order to secure treatment for children with defective vision or affections of the eye, advantage is taken as far as possible of the Hospital and Specialist Services provided by the Regional Hospital Board.

Before the passing of the National Health Service Act, however, the Local Education Authority had made arrangements for eye clinics, attended by specialists, to be held from time to time in certain areas in the County from which access to out-patient departments of hospitals was difficult; and in the Market Drayton and Ludlow areas these arrangements have been continued as Supplementary Ophthalmic Services.

During 1949, under Supplementary Ophthalmic Service arrangements, 35 children were examined in Market Drayton and 111 in Ludlow—a total of 146.

Tonsil and Adenoid Conditions.—Next to defects of vision, tonsil and adenoid conditions are those most prevalent amongst school children, and it is regrettable that, owing to lack of accommodation for such cases, chiefly attributable to the shortage of professional and nursing staff, it has not been possible to deal with these cases as and when the need arises. In the very great majority of these cases the degree of urgency is not such as to necessitate early operation, and it is often desirable to keep the cases under observation before a final decision is made, but the fact remains that, for the reasons given above, there has grown up a considerable waiting list of cases requiring operative treatment. It ought to be stated here, however, that an effort is made to get all cases for whom treatment is recommended seen very soon afterwards as out-patients by a Specialist in ear, nose and throat conditions, who determines the order of priority of admission to hospital and, therefore, the place of each child on the waiting list. Any child in whom a serious complication arises, such as a middle ear condition, is always admitted immediately to hospital for treatment, whatever the order of priority on the waiting list.

This matter will be more comprehensively dealt with in the report to the Education Committee for 1950, but below are given particulars of the children referred for treatment, and of operations performed, during 1949 with, for comparison, similar statistics for 1948 :—

Year	Referred for Treatment		Operations performed
	Cases	Percentage	
1948	821	4.9	795
1949	659	4.2	568

Scabies.—The official weekly notifications, which are received from the Heads of Schools, of infectious conditions amongst school children give a very poor indication of the prevalence of scabies. While it is true that there has been a steady decline since the peak year 1943, it is, nevertheless, a fact that this condition is more prevalent than notifications received from Heads of Schools would seem to indicate. A better indication of the prevalence of scabies is given by quoting, along with the notification figures, those relating to school children who have been treated for this condition at the various School Clinics throughout the County.

SCABIES CASES (NOTIFIED AND TREATED)

Year	Notified by Heads of Schools	Treated at School Clinics
1943	239	498
1944	212	253
1945	156	199
1946	147	223
1947	46	166
1948	11	98
1949	7	60

Ascertainment and Treatment of Handicapped Pupils.—Section 34 of the Education Act requires the Local Education Authority to ascertain those children in their area who require special educational treatment, and under this section the parent of any child who has attained the age of two years may be required to submit the child for examination by a Medical Officer of the Local Education Authority with a view to determining the existence of any physical or mental disability. The parent may likewise require the Authority to cause any child who has attained the age of two years to be examined for this purpose.

The Handicapped Pupils and School Health Service Regulations, 1945, issued by the Minister of Education under Section 33 of the Education Act, 1944, define the various categories of handicapped pupils for whom arrangements for special educational treatment should be made.

It is further specified in these Regulations that, unless the Minister otherwise determines in any particular instance, every pupil who is blind, deaf, physically handicapped, epileptic or aphasic shall be educated in a Special School, and that in the case of the blind or epileptic pupil the school shall be a boarding school.

The methods of special educational treatment (in addition to special attention by the teacher) to be provided for the various categories of Handicapped Pupils for whom it would not be practicable to make provision in a Special School, or in whose cases the disability is not serious, have likewise been laid down by the Minister.

During 1949, the number of handicapped pupils examined was 301, and a summary of the findings of the Medical Officers, and also of the recommendations made to the Local Education Authority for the purposes of this Section of the Education Act, are given below :—

Category	Findings of Assistant School Medical Officers						
	Pupils examined	Not Handicapped	Special Educational Treatment Required			Reported to Mental Deficiency Authority	
			in Ordinary School	in Special School	Home Tuition	Sub-section 3	Sub-section 5
Blind	—	—	—	—	—	—	—
Partially Sighted	—	—	—	—	—	—	—
Deaf	1	—	—	1	—	—	—
Partially Deaf	—	—	—	—	—	—	—
Delicate	31	6	—	24	1	—	—
Diabetic	—	—	—	—	—	—	—
Educationally Sub-normal	221	18	87	68	—	30	18
Epileptic	12	10	—	2	—	—	—
Maladjusted	6	4	—	2	—	—	—
Physically Handicapped	30	10	1	6	13	—	—
Total	301	48	88	103	14	30	18

Report to Mental Deficiency Authority.—Section 57 of the Education Act, 1944, requires the Local Education Authority to ascertain those children in their area who, having attained the age of two years, are suffering from disability of mind of such a nature and to such an extent as to render them incapable of receiving education at school, and to report such cases to the Local Authority for the purposes of the Mental Deficiency Acts. In this connection, it is specified that a child shall be deemed to be ineducable, not only if his disability renders him incapable of receiving education, but also if the disability is such as to render it inexpedient, either in his own interests or the interests of his fellows, that he should be educated in association with other children.

Under sub-section 3 of this Section the Local Education Authority are required, therefore, to report to the Mental Health Sub-Committee of the Health Committee any child in attendance at a school maintained by them who, by reason of disability of mind, is found to be ineducable in a Special School.

Sub-section 5 of this Section likewise requires the Local Education Authority to report to that Committee any child in attendance at a school maintained by them, or at any Special School, who by reason of a disability of mind will require supervision after leaving school.

During 1949, a total of 48 children were reported under this Section—30 under sub-section 3 as being ineducable, and 18 under sub-section 5 as being in need of supervision after leaving school; the comparable figures for 1948 were 13 under each sub-section.

Medical Inspection of Pupils resident in Special Schools, Boarding Schools and Hostels.—

It is considered that the Education Authority has a special responsibility for the care of children accommodated in hostels and boarding houses, or resident in special schools within the County, and in May, 1948, special arrangements were made for the medical examination of children in these residential establishments.

These provide for a medical examination to be carried out in September, within a fortnight of the opening of the schools at the beginning of the school year. Subsequent admissions are likewise examined within a fortnight of receipt of notice of admission from the Head of the school.

The visiting Medical Officer passes on to the Head of the school, or Warden of the Hostel, any information in connection with the wellbeing of the pupils arising out of the examination, in order that he may give appropriate instructions for special care to be taken, where such has been found to be desirable.

The name of each pupil has been added to the list of a local Medical Practitioner who undertakes to provide General Medical Services under the National Health Service Act, in order to enable medical advice and treatment to be obtained for the pupil in the event of illness.

Child Guidance.—Maladjusted and other difficult children are referred to a Child Guidance Clinic which is held in Shrewsbury on Monday of each week from 10 a.m. until 4 p.m. It is staffed by a full Child Guidance Team consisting of a part-time Visiting Psychiatrist, an Educational Psychologist and a Psychiatric Social Worker. In addition, the Psychiatric Social Worker and Educational Psychologist visited during the year Welfare Centres at Oswestry and Wellington on Mondays and Wednesdays respectively to see children, most of whom had already attended the Child Guidance Clinic in Shrewsbury and been seen by the Visiting Psychiatrist, in order to carry out and continue the treatment which he had advised. During their visits to Oswestry and Wellington they occasionally dealt with a child in whom the difficulty was usually of a simple nature, who had been sent to them from a local school.

The question of Child Guidance is fully dealt with in the following Report of the Visiting Psychiatrist :—

"SUMMARY OF WORK DONE DURING 1949 :

Total number of new referrals	..	..	..	..	..	..	..	..	..	..	220
Total number of new cases seen	..	..	..	..	..	..	..	..	..	..	181
Total seen by Doctor Burns	..	..	..	..	..	..	..	..	..	..	79
Of these :											
Diagnosed ..	..	49									
Treatment ..	..	24									
Sent to Trench	..	6									

Reasons for referral :

15% were referred for failure in school.

25% " " " nervous conditions such as stammers, night terrors, timidity, depression, etc.

32% „ „ „ behaviour difficulties, truancy, pilfering, aggression and temper tantrums.

22₀ " " " physical disorders such as enuresis, encopresis, asthma, nervous ticks.

6% „ „ „ other miscellaneous reasons, such as vocational guidance, reports required for Magistrates.

Source of referral :

Head Teachers	26%
Parents	18%
Psychologists	14%
County Medical Officer	13%
Private Doctors	9%
Probation Officer	4%
Education Department	4%
Children's Officer	3%
Miscellaneous, e.g. N.S.P.C.C.	9%

"In some cases treatment was carried out by me, in others by the Psychologists, and others again on the family only by the Psychiatric Social Worker. It is not always possible or necessary that the children should be brought into Shrewsbury, especially in many of the milder cases. In some of these cases the Psychologist or Psychiatric Social Worker is doing the treatment and where necessary have advice from me.

"*Clinics.*—A full clinic is held in Shrewsbury each Monday between 10 a.m. and 4 p.m., when I am doing mainly diagnostic work. I also see a few difficult cases where treatment is necessary. Mr. Dove and Mr. Green, the Psychologists, are at the same time taking children for play-therapy, or remedial teaching, and Mrs. Lees is having interviews with parents requiring help.

"*Wellington.*—This year both Psychologists have been working in the Wellington clinic which is a very busy one. The second Psychologist, Mr. Dove, has now transferred to the New Donnington Infants' School and children from the neighbourhood have play-therapy. Where necessary the parents see Mrs. Lees either there or at the Wellington Clinic.

"*Oswestry.*—A clinic is being held on Tuesday afternoons at the Oswestry Health Centre between 1-30 p.m. and 4 p.m. Some four children are seen each week there. I understand that Dr. Brookes of the Mental Hospital is also treating children in this area, a large proportion of whom come from the adjoining county of Montgomery.

C. BURNS,

Visiting Psychiatrist."

Note.—Since the above report was received Mr. Dove has left the service of the County Council.

Speech Therapy.—The following is the report of Miss A. M. Gawne, Speech Therapist, who took up her duties in this County in September, 1948 :—

"During the year, this work, which was commenced in 1948, was developed. Additional Speech Therapy Clinics were opened at Ludlow, Market Drayton and Wem, and Assistant School Medical Officers and Heads of Schools continued to notify children suffering from speech defects who were considered to require treatment.

"The additional Speech Therapy Clinics were opened on the following dates :—

Ludlow	..	..	12th January, 1949.
Market Drayton	..	..	14th January, 1949.
Wem	..	..	20th May, 1949.

"The following table shows the Speech Therapy Clinics operating at the end of the year :—

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Monkmoor School	Wellington Welfare Centre	Ludlow Welfare Centre	Health Centre, Murivance	Whitchurch Welfare Centre	Health Centre, Murivance
Afternoon	Oswestry Welfare Centre	Ditto	—	Ditto	Market Drayton and Wem Welfare Centres (Alternate weeks)	—

“Twenty-six visits were made to schools to examine children considered by teachers or Assistant School Medical Officers to require speech training and to discuss Speech Therapy problems with teachers. One child, a specially deserving case suffering from Spastic Paralysis and unable to walk, was visited weekly at home for ten weeks, and the remaining children were treated at Clinics.

CHILDREN TREATED AT CLINICS

On Register 1st Jan.	New Cases during year	Cases discharged during year	On Register 31st Dec.	Particulars of Cases Discharged					
				Normal	Improved	Un-improved	Referred for Child Guidance	Left School, etc.	Total
77	66	76	67	14	33	10	3	16	76

“In discharging 24 children as sufficiently improved, although further improvement might have taken place by continuation of treatment, consideration was given both to the long distances travelled in some cases, and to the claims of children awaiting treatment whose need for Speech Therapy was greater than those discharged.

“Altogether 143 cases attended the Clinics during the year and the following table gives particulars of the defects for which they were treated :—

Cleft Palate 9	Dysarthria 4
Stammer 54	Deafness 4
Dyslalia : Severe .. 22	(Partial or Complete) .. 4
Slight .. 39	Delayed Speech .. 2
Nasality 2	Educationally Sub-normal 1
Voice Defect 3	Cluttering 1
Aphasia 2	

“The purpose of Speech Therapy is not the production of ‘beautiful’ speech. It aims, rather, to remove the difficulties which hinder a child or adult from matching the intelligible and fluent speech of his neighbours.

“In a large proportion of children referred for treatment the trouble is not organic, although a badly formed jaw or misplaced teeth may encourage clumsy speech. Some children fail to acquire one or several of the common sounds, or tangle those sounds in connected speech.

“‘Cleft Palate’ speech is prominent among speech defects of organic origin. The standard of speech which can be obtained depends upon whether the surgeon has been able to build up an efficient palate, and upon the intelligence and perseverance of the child.

“The child of dull intelligence is a problem. He is deficient in the comprehension and use of language as well as in the mastery of sounds. Something may be done to help him to express himself in words, but improvement is limited. Prolonged treatment takes time which might be used more profitably with intelligent children, and to persevere in demanding accurate speech will only emphasise his inferiority.

"During the first half-year of 1949 routine visits were paid to Petton Hall Residential School for Educationally Sub-normal Pupils for the purpose of giving instruction to certain children suffering from speech defects. These, however, were discontinued at the end of the Summer Term when the maximum response to treatment had been obtained. Occasional visits only are now made to this School.

"Stammering is in a class by itself. Every approach is used in attempting to discover origins, to induce mental and physical relaxation, to build up new habits of speech, and to foster social confidence. In cases where emotional difficulties are deep, the Child Guidance Team can often give more lasting help.

"It is found, in general, that individual treatment is more effective than treatment in groups but in some cases, however, it is possible and valuable to teach two or three children together. It is normally necessary to persevere with one child for at least six months, and often considerably longer, before discharging. The number of children who can be given speech training is therefore limited, and some time may elapse between the referral and the acceptance for treatment of a particular child, even in areas covered by the established Clinics.

A. M. GAWNE,
Speech Therapist."

Cleanliness Inspections.—Under Section 54 of the Education Act the Local Education Authority has authorised the School Medical Officer, or someone acting on his behalf, to examine the person and clothing of pupils in attendance at maintained schools, whenever in his opinion this seems necessary in the interests of cleanliness. This Section also provides for the cleansing, under arrangements made by the Local Education Authority, of any pupils found verminous as a result of such examinations, and prescribes penalties in the case of those who, having already been cleansed, have become re-infested with vermin, if it is established that re-infestation was due to neglect.

The School Nurses carry out routine inspections for verminous infestation of pupils in all Primary and Secondary Modern Schools, three Secondary Grammar Schools and one Secondary Technical School, making follow up inspections in the case of those found to harbour nits or lice.

The Education Committee has approved a revised scheme under which the School Nurses carry out Routine cleanliness inspections of all pupils as early as possible in each term, when an Informal Cleansing Notice is issued to the parent of any pupil found to be verminous.

These pupils are re-examined one week later, and if any are still found to be verminous, Formal Cleansing Notices are served on the parents by the School Medical Officer, requiring them to render the pupils free from vermin and to present them for re-examination by the School Nurse at the end of three days. These Formal Notices also warn the parents that unless the pupils are satisfactorily cleansed they will be dealt with under cleansing arrangements made by the Local Education Authority.

If on the occasion of the third inspection a pupil is still found to be in a verminous condition, the Nurse reports the facts to the School Medical Officer, who decides, in the light of all known circumstances, whether to issue a Formal Cleansing Order, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

All pupils who have been cleansed, either by the parents or under arrangements made by the Local Education Authority after the serving of a Formal Cleansing Notice, are subsequently examined by the School Nurse, and in the event of their being found to be re-infested, they are reported to the School Medical Officer, who decides whether to recommend the institution of legal proceedings by the Local Education Authority.

During 1949, a total of 107,052 head inspections were carried out by the School Nurses, and 2,066 pupils were found to be verminous, some on more than one occasion, representing a percentage of 6.2 of the total number of pupils on the registers of the schools inspected.

In 1948, when a total of 100,342 head examinations were made, 2,534 pupils, a percentage of 7.7 of the total number on the registers of all the schools inspected, were found to be verminous.

The following table sets out the position in the four years 1946 to 1949 :—

PERCENTAGES OF VERMINOUS PUPILS FOR THE YEARS 1946—1949

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
1946	29,258	2,486	8.5
1947	30,003	2,106	7.0
1948	32,873	2,534	7.7
1949	33,424	2,066	6.2

Nutrition.—The nutrition of a child, if it were possible accurately to assess it, would be an excellent index of the state of his general health, and for the purposes of the School Health Service the Ministry of Education recommend that in this respect the pupils should be divided into three groups, “good,” “fair,” and “poor.” The assessment of nutrition in each case depends very largely on the judgment of the examining Medical Officer, and many efforts have been made, not very successfully, to devise a standard method for the estimation of nutrition which would as far as possible exclude the personal factor.

As there is no reliable method of assessing the nutrition of school children with any degree of scientific accuracy, the findings of the Medical Officers are based on such considerations as height, weight, posture, the condition of the skin and so on.

NUTRITIONAL GROUPS (PERCENTAGES) FOR YEARS 1947 TO 1949

Group	1947	1948	1949
Good	27.99	28.45	30.58
Fair	68.66	67.48	66.37
Poor	3.35	4.07	3.05

Provision of Milk and Meals.—Section 49 of the Education Act, 1944, requires the Local Education Authority to make arrangements for the provision of milk, meals and other refreshments for pupils in attendance at maintained schools and County Colleges.

From 6th August, 1946, milk has been supplied free of charge to the pupils of all grant-aided primary and secondary schools. Inquiries made in October, 1949, showed that 85.6 per cent. of the pupils in attendance at maintained schools in the County were receiving milk under the Milk in Schools Scheme, the percentage for the year 1948 being 83.3

Meals from School Canteens were served to 244 schools in 1948, and at the end of 1949 as many as 294 schools with an attendance of 33,946 pupils—97 per cent. of the total number of pupils attending the maintained schools in the County—were served by these Canteens. It is a matter for regret that owing either to apathy or lack of appreciation on the part of many parents of the benefits to be derived from the consumption of a well-balanced mid-day meal, only 26,371 of the pupils, or 77.9 per cent. of those for whom canteen facilities were available, took advantage of this service.

Vocational Guidance.—In the early part of 1945, a scheme was put into operation in the Primary and Secondary Modern Schools under which the Assistant Medical Officer makes a special report at the time of the last routine medical examination of a pupil indicating whether, for reasons of health, he considers him unsuitable for work of any particular type. When the pupil leaves school, this report is sent by the Head, together with his own School Leaving Report, to the Local Office of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers in order to ensure that a pupil, on leaving school, is not put to employment for which he is either mentally or physically unsuitable.

The scheme has been expanded to afford opportunities for enrolment in the Register of Disabled Persons of those pupils who are, in the opinion of the Medical Officers, likely to be handicapped by reason of some disability of body or mind in obtaining or keeping employment. They thus have an opportunity of obtaining through the Ministry of Labour not only sheltered employment, but also the special educational training open to those whose names are on the Register of Disabled Persons.

Employment of Children.—Section 59 of the Education Act, 1944, provides that, if in the opinion of the Local Education Authority any pupil is being employed in a manner likely to be prejudicial to his health or to render him unable to derive full benefit from the education provided for him, the Authority may prohibit, or impose such restrictions on, his employment as they consider necessary in the interests of the child.

Any pupil reported by the Secretary for Education as being engaged in employment is examined on the occasion of each visit of the Medical Officer to the school which he attends. At the end of 1949 a total of 306 children were known to be employed, but it was found necessary to recommend the termination, on health grounds, of the employment of only two pupils.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital is the only one in this County with which the Education Committee have entered into an arrangement for the provision of special educational facilities. In other hospitals in the County, when a child is admitted whose stay is likely to extend over a prolonged period, special arrangements are made for the child to receive a certain amount of tuition, if his medical condition is such that he will be able to benefit from it.

Hospital and Specialist Services.—Children found to be suffering from defects requiring either the advice of a Consultant or treatment in hospital are referred to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen in the first instance by the Chest Physician at one of the Chest Clinics formerly under the administration of the County Council as Tuberculosis Dispensaries.

General Medical and Surgical Conditions :

The Royal Salop Infirmary, Shrewsbury.
 Cross Houses Hospital, near Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.
 The Staffordshire General Infirmary, Stafford.

Eye Conditions :

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton and Midland Counties Eye Infirmary, Wolverhampton.

Ear, Nose and Throat Conditions :

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.

Pulmonary Tuberculosis :

Shirlett Sanatorium.

Orthopaedic Conditions, including Fractures :

The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

X-Ray Treatment of Ringworm :

The Midland Skin Hospital, Birmingham.

Specialised forms of treatment not otherwise available :

The Birmingham Children's Hospital, Birmingham.

SCHOOL CLINICS IN THE COUNTY PROVIDED BY THE LOCAL EDUCATION AUTHORITY

Address	Sessions			
BRIDGNORTH Welfare Centre, Northgate	<i>Minor Ailments :</i>	Monday .. ..	..	10.00 a.m.—11.00 a.m.
		Tuesday to Saturday	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.		
DAWLEY Welfare Centre, King Street	<i>Minor Ailments :</i>	Tuesday .. ..	..	9.30 a.m.—11.00 a.m.
		Other weekdays ..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.		
HIGHLEY Welfare Centre, Miners' Welfare Hall	<i>Minor Ailments :</i>	Tuesday and Thursday	..	9.00 a.m.—10.00 a.m.
IRONBRIDGE Welfare Centre, Severn Bank House	<i>Minor Ailments :</i>	Friday .. ..	..	10.00 a.m.—12 noon
		Weekdays .. ..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.		
LUDLOW Welfare Centre, Cliftonville, Dinham	<i>Minor Ailments :</i>	Monday .. ..	..	9.00 a.m.—11.00 a.m.
		Other weekdays ..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	Saturday .. ..	..	9.00 a.m.—12 noon
		and by arrangement.		
	<i>Speech Therapy :</i>	Wednesday .. ..	..	9.15 a.m.—12 noon
	<i>Minor Ailments :</i>	Wednesday .. ..	..	9.00 a.m.—10.30 a.m.
		Other weekdays ..	..	9.00 a.m.—10.00 a.m.
MARKET DRAYTON Welfare Centre, Longslow Road	<i>Dental :</i>	By arrangement.		
	<i>Speech Therapy :</i>	Alternate Fridays	..	2.45 p.m.—4.30 p.m.
NEWPORT Welfare Centre, 127 High Street	<i>Minor Ailments :</i>	Weekdays .. ..	..	9.00 a.m.—10.30 a.m.
	<i>Dental :</i>	By arrangement.		
OAKENGATES Welfare Centre, Stafford Street	<i>Minor Ailments :</i>	Tuesday .. ..	..	9.00 a.m.—11.00 a.m.
		Other weekdays ..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.		

Address	Sessions			
OSWESTRY Welfare Centre, 28—32 Upper Brook Street	<i>Minor Ailments :</i>	Wednesday	9.00 a.m.—12 noon	
		Other weekdays	9.00 a.m.—10.00 a.m.	
	<i>Dental :</i>	Saturday	9.00 a.m.—12 noon	
		and by arrangement.		
	<i>Speech Therapy :</i>	Monday	1.00 p.m.—4.15 p.m.	
WELLINGTON Welfare Centre, Haygate Road	<i>Child Guidance :</i>	Tuesday	1.30 p.m.—5.00 p.m.	
	<i>Minor Ailments :</i>	Thursday	9.00 a.m.—11.00 a.m.	
		Other weekdays	9.00 a.m.—10.00 a.m.	
	<i>Dental :</i>	Saturday	9.00 a.m.—12 noon	
		and by arrangement.		
<i>Speech Therapy :</i>	Tuesday	9.15 a.m.—12.30 p.m.		
WEM Welfare Centre, The Shrubbery			2.00 p.m.—5.00 p.m.	
	<i>Child Guidance :</i>	Wednesday	10.00 a.m.—4.00 p.m.	
	<i>Minor Ailments :</i>	Weekdays	9.00 a.m.—10.00 a.m.	
	<i>Dental :</i>	By arrangement.		
	<i>Speech Therapy :</i>	Alternate Fridays	2.15 p.m.—4.30 p.m.	
WHITCHURCH Welfare Centre, 27 St. Mary's Street	<i>Minor Ailments :</i>	Thursday	9.00 a.m.—11.00 a.m.	
		Other weekdays	9.00 a.m.—11.00 a.m.	
	<i>Dental :</i>	By arrangement.		
	<i>Speech Therapy :</i>	Friday	9.30 a.m.—1.00 p.m.	
	SHREWSBURY (a) Health Centre, Murivance	<i>Minor Ailments :</i>	Friday	9.00 a.m.—12 noon
		Other weekdays	9.00 a.m.—11.00 a.m.	
<i>Dental :</i>		Monday, Wednesday, Friday		
			9.00 a.m.—5.00 p.m.	
<i>Speech Therapy :</i>		Thursday	9.30 a.m.—12.30 p.m.	
			2.00 p.m.—5.00 p.m.	
<i>Minor Ailments :</i>		Weekdays	9.00 a.m.—11.30 a.m.	
(b) The White House, Ditherington		<i>Minor Ailments :</i>	Weekdays	9.00 a.m.—10.30 a.m.
(c) Monkmoor (at Monkmoor School)		<i>Child Guidance :</i>	Monday	10.00 a.m.—4.00 p.m.
(d) Education Office, County Buildings		<i>Dental :</i>	Saturday	9.00 a.m.—12 noon
(e) No. 1 Belmont				

DIPHTHERIA IMMUNISATION

When a child first attends school, the Head is requested at the time of enrolment to ascertain whether the child has been immunised against diphtheria, and if not to ask the parent to return a consent form to the County Health Office, on receipt of which arrangements for the immunisation of the child are made.

At the next routine medical inspection, the Assistant School Medical Officer takes the opportunity to urge immunisation in the case of entrants not yet protected. Similarly, when children in other age groups are medically examined, the opportunity is taken to stress the importance of this prophylactic measure, and to obtain the consent of the parents in the case of those children who have not been immunised. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents." Propaganda methods, comprising the display of films and posters and advertisements in the press, are also used from time to time to remind the public of the importance of immunisation against diphtheria.

In the case of children immunised against diphtheria in infancy, a reinforcing injection is advocated after an interval of three or four years, and Assistant School Medical Officers at routine medical inspections advise such in appropriate cases.

During 1949, the first complete year in which the County Council was solely responsible for Diphtheria Immunisation, 631 children of school age were immunised; and of this number 459 were treated by Assistant School Medical Officers and 172 by general medical practitioners—73 and 27 per cent. respectively.

In the statistical table given below, the total number of children of school age immunised during 1949 has been apportioned amongst the various Sanitary Districts in which they are resident. Of the pupils on the school registers on 31st December, 1949, in the County of Salop, 73.2 per cent. had been immunised against diphtheria, the corresponding figure for the previous year being 67.5 per cent.

IMMUNISATION STATISTICS FOR SCHOOL CHILDREN IN THE COUNTY OF SALOP

Area	Local Sanitary Authority	Immunised	Re-immunised	Percentage on register Immunised
N.W. Combined District	Ellesmere Urban	6	46	72.2
	Ellesmere Rural	39	183	82.5
	Oswestry Borough	48	359	95.6
	Oswestry Rural	32	513	94.8
	Wem Urban	3	38	96.4
	Wem Rural	15	139	62.8
	Whitchurch Urban	6	50	52.8
N.E. Combined District	Dawley Urban	24	169	98.7
	Market Drayton Urban	12	86	82.4
	Drayton Rural	11	111	94.3
	Newport Urban	10	92	84.5
	Oakengates Urban	17	94	59.9
	Shifnal Rural	10	114	56.7
	Wellington Urban	6	35	59.3
	Wellington Rural	41	307	89.2
S.W. Combined District	Atcham Rural	29	78	50.8
	Bishop's Castle Borough	—	2	70.7
	Church Stretton Urban	—	7	40.8
	Clun Rural	8	48	49.2
	Wenlock Borough	29	115	45.9
	Ludlow Borough	15	103	74.1
	Ludlow Rural	27	136	54.4
Bridgnorth ..	Bridgnorth Borough	—	10	69.3
	Bridgnorth Rural	16	33	67.6
Shrewsbury ..	Shrewsbury Borough	227	319	87.9
	Whole County (1949) ..	631	3,187	73.2
	Whole County (1948) ..	413	1,818	67.5

Particulars of the numbers of children between 5 and 15 years of age who have been immunised against diphtheria in each year since 1942 are given below :—

Year	1942	Children immunised	..	8,310
„	1943	„	„	4,569
„	1944	„	„	695
„	1945	„	„	533
„	1946	„	„	546
„	1947	„	„	324
„	1948	„	„	413
„	1949	„	„	631
Total				16,021

The effects of the Immunisation Campaign are demonstrated by statistics showing the incidence of Diphtheria and the deaths from this disease among persons of all ages in the County during the past 15 years. The two deaths which occurred in 1946 were those of school children; the two in 1947 were those of children under school age; and the death which occurred in 1949 was also that of a pre-school child. These five children had not been immunised against diphtheria.

NOTIFICATIONS OF AND DEATHS FROM DIPHTHERIA SINCE 1935

Year ..	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949
Notifications ..	223	301	206	185	133	236	237	121	53	25	7	5	18	1	5
Deaths ..	20	20	7	19	13	11	9	6	6	1	—	2	2	—	1

SUMMER CAMPS

Summer Camps for senior pupils were organised during the months of May, June and July, 1949. Accommodation was provided for 30 pupils per week at each of two camps, one for senior boys held for eight weeks at Nash Court, near Ludlow, and one for senior girls for nine weeks in the grounds of the Farm Institute, Walford Manor, near Baschurch.

A total of 433 pupils passed through these camps, 219 boys and 214 girls. Except for one pupil, all were medically examined by the Assistant School Medical Officers prior to admission and certified to be free from infection. The exception failed to keep an appointment for examination, but produced a suitable medical certificate from his own doctor.

Medical attention at both camps was provided when necessary by local Medical Practitioners, and minor ailments were dealt with by the District Nurses at Tenbury and Baschurch, who made a daily visit to the respective camps. Each camp was also visited weekly by an Assistant Superintendent Nursing Officer.

The health of the pupils on the whole was very good, but one girl at the Walford Camp developed German measles and was returned home on the day of diagnosis. An Assistant Medical Officer later visited the camp to ensure that there were no other cases which had escaped observation.

SENIOR DENTAL OFFICER'S REPORT FOR THE YEAR 1949

The year 1949 was not an encouraging one for the School Dental Service, as instead of the Service being further expanded to meet the dental needs of pupils in maintained schools, there was in fact less dental inspection and treatment done than there was during the previous year. This decline in the output of work was due entirely to losses sustained during the year by the dental staff which it was found impossible to replace.

With regard to the improvement of existing Dental Clinics and the provision of new ones, the progress made in 1949 was not all that was hoped for and leaves much to be done before requirements in Dental Clinics in the County are satisfactorily met.

Staff.—Dr. B. Scharf, who was on sick leave at the beginning of the year, found himself unable to continue full-time service any longer. Upon resumption of duties on 31st January, arrangements were made for him to do part-time service, not exceeding five sessions in any one week.

Mr. R. H. Evans resigned his full-time appointment as from 30th June, 1949, in order to take up private practice.

Mrs. M. D. Mason was appointed as a part-time officer to work three days per week ; beginning on the 14th November, 1949.

As a result of the sickness of one officer, 88 sessions' work were lost.

At the beginning of the year the dental staff numbered seven full-time officers, but as a result of the changes mentioned above the strength had fallen to six by 31st December. The actual equivalent of service obtained from the dental staff in terms of full-time officers was six for the whole year.

With the loss of one full-time officer only to the General Dental Service under the National Health Service Act, the Council's Dental Service was considerably less affected during 1949 than many similar Services elsewhere. However, the chances of maintaining the dental staff at its present strength during 1950 are very doubtful as efforts made to secure replacements and additions are likely to be no more successful in the immediate future than they have been during the current year. No response whatever was received during 1949 to advertisements inserted in the professional and lay press for full-time dental officers. The improvements in the conditions of service hoped for, which would make the School Health Service more popular and attractive as a career for dentists have so far not materialised. They are eagerly awaited by those who are interested in the preservation of the teeth of the children of this country.

Review of the Work done during the Year.—Of the 343 maintained schools in the County, 308 were visited once by the School Dental Officers during the year. Children in the Wellington Children's Home were also inspected and treated. The number of schools not visited was 35, and no school was visited twice in 1949.

Pupils examined at routine inspections numbered 30,611 ; in addition 954 pupils presented themselves, or were brought to the Clinics for inspection and treatment as special cases. These special cases were mostly in need of immediate treatment for the relief of pain. The corresponding number of special cases for 1948 was 598, which shows an increase of 60% in 1949. Many of these children would have obtained treatment privately, but, owing to the heavy pressure of work, private dental practitioners could not undertake the treatment and the children were brought to the Clinics to receive it.

The percentage of pupils who were found to require treatment at the routine inspections was 70%. All pupils who were found to require it were offered treatment with the exception of those who were known to obtain it regularly from private dentists. The acceptance rate, which is 77%, is almost identical with that of the previous year.

The total number of fillings inserted in permanent and deciduous teeth was 54 less, and the total number of permanent and deciduous teeth extracted 1,182 less than for 1948.

General Anaesthesia was administered in 761 cases, the highest number so far recorded in any one year.

To replace teeth lost by accident and disease, 26 partial dentures were supplied.

The time devoted to orthodontic treatment involving the use of appliances was purposely limited and will have to remain so until the staff is built up to a strength which will justify time being spent on this specialised service. The number of orthodontic appliances fitted was 17.

Details of the time spent and the treatment carried out appear in a statistical table appended to this report.

Dental Clinics.—Although the provision of permanent dental clinics in the County is a long term matter and is necessarily slow, some definite progress has been made during the year, as will be seen from the following :—

Ludlow.—The Dental Annexe to the Maternity and Child Welfare Centre at Ludlow, which will be used as a base for the Dental Officer serving the Ludlow district, was almost complete at the end of the year. The entirely new dental surgery with the adaptations made on the ground floor of the Welfare Centre which will provide waiting and recovery room accommodation, will result in a very satisfactory dental clinic for Ludlow.

Oakengates.—The adaptation carried out and the installation of electricity in the dental surgery at Oakengates have considerably improved the facilities for carrying out dental treatment there.

Shrewsbury.—Plans for the establishment at No. 5 Belmont, Shrewsbury, of a dental clinic large enough to provide all the facilities required for the treatment of pupils in the maintained schools in the Borough of Shrewsbury have been approved. It is expected that this new Clinic will be in operation by the end of 1950.

Newport, Bridgnorth and Market Drayton.—Proposals for the establishment of dental clinics at the above places are still under consideration.

Dental Inspection and Treatment in Schools other than Maintained Primary and Secondary Schools.—Under Section 78 of the Education Act, 1944, dental inspection and treatment were carried out at the Home Office Approved School at Boreatton Park, Baschurch, the school maintained by the Wheathill Bruderhoff Community at Bromdon Farm, Burwarton, and the Condover Hall School maintained by the National Institute for the Blind.

As from 31st March, 1949, dental inspection and treatment of the pupils at the Approved School at Boreatton Park were discontinued as the Home Office wished the work to be done free of cost to the school under the provisions of the National Health Service Act. The dental care of these pupils was accordingly taken over by a private dentist practising under the Act.

Particulars of the number of pupils inspected and of the treatment done are given below.

Number of pupils inspected	..	..	..	..	..	..	..	169
Number of pupils found to require treatment	..	..	..	..	..	..	..	121
Number of pupils actually treated	..	..	..	..	..	..	..	120
Number of attendances made by pupils for treatment	..	..	..	..	..	..	..	182
Half-days devoted to :—	Inspection	..	..	..	1	}	..	20
	Treatment	..	..	..	19			
Fillings :—	Permanent Teeth	..	..	133	}	..	..	143
	Deciduous Teeth	..	..	10				
Teeth filled :—	Permanent Teeth	..	..	119	}	..	..	129
	Deciduous Teeth	..	..	10				
Extractions :—	Permanent Teeth	..	..	17	}	..	..	43
	Deciduous Teeth	..	..	26				
Administrations of general anaesthetics for extractions	..	..	..	..	..	..	..	1
Other operations :—	Permanent Teeth	..	..	81	}	..	..	84
	Deciduous Teeth	..	..	3				
Orthodontic appliances fitted	..	..	..	..	..	..	..	2

G. R. CATCHPOLE,
Senior Dental Officer.

STATISTICAL TABLES FOR 1949

TABLE I. (A)—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :—

	1948	1949
Entrants	5,533	4,477
Second Age Group	4,471	3,526
Third Age Group	5,985	5,261
	<hr/> 15,989	<hr/> 13,264

(B)—OTHER INSPECTIONS.

	1948	1949
Special Inspections	3,713	5,132
Re-Inspections	9,052	11,134
	<hr/> 12,765	<hr/> 16,266

(C)—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	63	661	710
Second Age Group	239	410	617
Third Age Group	535	512	990
Total (prescribed groups) ..	837	1,583	2,317
Other Periodic Inspections ..	—	—	—
Grand Total	837	1,583	2,317

Individual pupils may be recorded in both Columns (2) and (3) of this table; therefore the total in Column (4) is not the sum of Columns (2) and (3).

TABLE II.

(A)—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1949

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		Number of Defects	
		Requiring treatment (2)	Requiring to be kept under obser- vation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under obser- vation, but not requiring treatment (5)
4	Skin	30	20	12	9
5	Eyes (a) Vision	837	306	171	34
	(b) Squint	91	29	25	7
	(c) Other	25	29	11	5
6	Ears (a) Hearing	16	11	3	8
	(b) Otitis Media	5	4	6	2
	(c) Other	21	30	6	5
7	Nose or Throat	603	688	99	102
8	Speech	37	28	17	18
9	Cervical Glands	17	122	2	44
10	Heart and Circulation	1	161	—	19
11	Lungs	12	142	2	11
12	Developmental :—				
	(a) Hernia	18	18	6	11
	(b) Other	34	107	8	43
13	Orthopaedic :—				
	(a) Posture	92	171	4	24
	(b) Flat Foot	358	354	61	78
	(c) Other	250	253	65	55
14	Nervous System :—				
	(a) Epilepsy	1	8	1	4
	(b) Other	1	8	—	1
15	Psychological :—				
	(a) Development	—	247	—	209
	(b) Stability	—	29	—	59
16	Other	78	4	36	4

(B)—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	4,477	1,407	31.43	2,930	65.45	140	3.13
Second Age-Group	3,526	923	26.18	2,459	69.74	144	4.08
Third Age-Group	5,261	1,726	32.81	3,415	64.91	120	2.28
Other Periodic Inspections	—	—	—	—	—	—	—
Total for 1949	13,264	4,056	30.58	8,804	66.37	404	3.05

TABLE III—INFESTATION WITH VERMIN

(1) Average number of visits per school made during the year by the School Nurses or other authorised persons	7.66
(2) Total number of examinations of children in the schools by the School Nurses	107,052
(3) Number of individual children found to be infested	2,066
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	88
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	20

TABLE IV—TREATMENT TABLES

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table III).

(a)	Number of Defects treated, or under treatment during the year
Skin :—	
Ringworm—Scalp :	
(i) X-Ray treatment	—
(i) Other treatment	58
Ringworm—Body	30
Scabies	60
Impetigo	386
Other skin diseases	995
Eye Disease	904
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects	650
Miscellaneous	5,698
(e.g. minor injuries, bruises, sores, chilblains, etc.).	
Total	8,781

(b) Total number of attendances at Authority's minor ailments clinics .. 25,798

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I).

										No. of Defects dealt with
ERRORS OF REFRACTION (including squint)	..	..	..	..	..	..	..	..	..	1,942
Other defect or disease of the eyes	..	..	..	..	..	..	..	..	..	131
Total										2,073
No. of Pupils for whom spectacles were										
(a) Prescribed	..	..	..	..	..	..	..	..	..	1,475
(b) Obtained	..	..	..	..	..	..	..	..	..	993

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

										Total number treated
Received operative treatment :—										
(a) for adenoids and chronic tonsilitis	..	..	..	..	..	..	..	..	..	568
(b) for other nose and throat conditions	..	..	..	..	..	..	..	..	..	10
Received other forms of treatment	..	..	..	..	..	..	..	..	..	76
Total										654

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	..	..	..	..	..	..	..	..	..	152
(b) No. treated otherwise, e.g. in clinics or out-patient departments	..	..	..	..	..	..	..	..	..	1,144

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated										
(a) under Child Guidance arrangements	..	..	..	..	..	..	..	..	..	251
(b) under Speech Therapy arrangements	..	..	..	..	..	..	..	..	..	140

TABLE V.—DENTAL INSPECTION AND TREATMENT

										Total
Number of pupils inspected :—	{ Periodic Age Groups				..	30,611	{			31,565
	{ Specials				..	954	{			
Number found to require treatment	..	..	..	..	..	..	..	..	..	22,385
Number actually treated	..	..	..	..	..	..	..	..	..	13,896*
Attendances made by pupils for treatment	..	..	..	..	..	..	..	..	..	18,164
Half-days devoted to :—	{ Inspection				..	265	{			2,278
	{ Treatment				..	2,013	{			

* Includes 2,620 children referred for treatment in 1948.

Fillings :—	{ Permanent Teeth 11,137 }	.. .. 13,408
	{ Deciduous Teeth 2,271 }	
Teeth filled :—	{ Permanent Teeth 10,472 }	.. .. 12,722
	{ Deciduous Teeth 2,250 }	
Extractions :—	{ Permanent Teeth 1,315 }	.. .. 10,988
	{ Deciduous Teeth 9,673 }	
Administrations of general anaesthetics for extractions	.. .. ..	761
Other operations :—	{ Permanent Teeth 2,540 }	.. .. 4,259
	{ Deciduous Teeth 1,719 }	
Partial Dentures supplied .. .. .	.. .. .	26
Orthodontic Appliances fitted .. .. .	.. .. .	17

TABLE VI

(1)—STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance).

School Medical Officer : William Taylor, M.D., D.P.H.*Senior Dental Officer* : Gerald Rufus Catchpole, L.D.S., R.C.S.Eng.

	Number	Aggregate staff in terms of the equivalent number of whole-time officers
(a) Medical Officers	10	5 ⁶ / ₁₁
(b) Dental Officers	7	5 ² / ₁₁
(c) Speech Therapists	1	1
(d) School Nurses	63	12 ¹⁰ / ₁₁
(e) Nursing Assistants	—	—
(f) Dental Attendants	6	5 ³ / ₁₁

(2)—NUMBER OF SCHOOL CLINICS (i.e. premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics . . . 16

Thirty-five per cent. of pupils are dentally treated at sessions arranged in schools, six per cent. at occasional sessions on temporarily hired premises, and the remaining fifty-nine per cent. at the thirteen dental clinics included in Column 2 of the Table in Section (3).

(3)—TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned in Section (2), either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided	
	Directly by the Authority (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor ailment and other non-specialist examination or treatment	15	—
B. Dental	13	—
C. Ophthalmic	1	—
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	11
F. Paediatric	—	—
G. Speech Therapy	7	—
H. Others	—	—

Arrangements made with the Supplementary Ophthalmic Service have been returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

(4)—CHILD GUIDANCE CENTRES.

Number of Child Guidance Centres provided by the Authority : 3.

Staff of Centres	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	$1\frac{2}{2}$
Educational Psychologists	2	2
Psychiatric Social Workers	1	1
Others	—	—

The Psychiatrist is directly employed by this Authority.

HANDICAPPED PUPILS REQUIRING EDUCATION IN SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally Sub-normal (8) Mal-adjusted		(9) Epileptic	Total Columns 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year :—										
A. Handicapped Pupils newly placed in Special Schools or Homes ..	—	3	2	—	14	—	9	9	1	38
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or Boarding in Homes	—	—	—	1	19	2	52	9	1	84
On or about 1st December :—										
C. Number of Handicapped Pupils from the area :—										
(i) attending Special Schools as Boarding Pupils	3	7	11	6	8	4	52	20	7	118
(ii) Boarded in Homes	—	—	—	—	—	—	—	—	—	—
(iii) attending assisted schools (under approved arrangements)	—	—	—	—	2	—	—	—	—	2
TOTAL (C) ..	3	7	11	6	10	4	52	20	7	120
D. Number of Handicapped Pupils from the area requiring places in Special Schools or Homes but remaining unplaced	—	2	2	—	28	23	149	19	4	227
E. Number of Handicapped Pupils receiving home tuition (including those also returned in D)	—	—	—	—	—	21	—	—	—	21

Number of children reported during the Calendar Year :—

Under Section 57(3) of the Education Act, 1944 .. 30
Under Section 57(4) of the Education Act, 1944 .. —

